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Report Period

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(print) Office (if applicable)

DISTRICT COURT

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IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
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CONTRIBUTIONS REPORTED

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	CAMPAIGN EXPEN	SES	4
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Expenses of \$100 or Less

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CAMPAIGN EXPENSES	Report Period # >
Name (print)	DISTRICT TUDGE
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Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
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#2

Name (grint)

Office (if applicable)

75781CT JUDGE
District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	ì
Other miscellaneous expenses	J

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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Revised: Sep-02

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Office (if applicable)

Contributions	of	\$100	or	Less	

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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CAMPAIGN CONT	RIBUTIONS		Report Period # 2
TONY	LIKER	DISTR	ICT JUDGE
Name (print)	Office	(if applicable)	District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

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IN KIND CAMPAIGN EXPENSES			Report Period	# 2
TONY	UKER	DISTRI	CT COURS	T
Name (print)	Office (if appli	icable)	District lift an	plicable

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
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IN KIND CAMPAIC EXPENSES			Report	Reriod #
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IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
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